## **CONTRACTOR EXPERIENCE FORM**

1. Project name and location (City, State, Country)			
2. Project owners name (Government)	nent Agency, commercial firm o	or other organization)	
3. Project owners complete addre	SS		
4. Were you the Prime Contractor	? YES NO Percentage of work	that was self-performed?%	
5. Contract number of project		6. Date of contract	
7. Date work began	8. Completion Dates:  Initial:  Actual:	9. Project Completion Percentage (%)	
8. Contract Value at Time of Award		9. Final invoiced amount (or amount invoiced to date)	
10a. Technical point of contact for the Project Owner (name, title, e-mail address, phone number)		10b. Contracting point of contact of the Project Owner (name, title, e-mail, phone number)	
11. Description of Construction of requirements Use continuations		and scope of work. Detail how project demonstrates experience, if necessary.	

## **CONTRACTOR EXPERIENCE FOR (CONTINUED)**

12. Current status of the project (check one)	
Work continuing, on schedule	
Work continuing, behind schedule	
Work completed, no further action pending Work completed, routine administrative action pending	
Work completed, routine administrative action pending	
Work completed, claims negotiation pending/underway	
Work completed, litigation pending/underway	
Terminated for convenience	
Terminated for default	
Other (Furthern was additional shorts as passages)	
Other (Explain, use additional sheets as necessary)	